

Compare Your Health Plan Choices™

2001

The health plan you choose can make a difference in the quality of care you get.

This health plan report card gives you new information on health care quality from a consumer perspective.

- See how health plans compare, based on results from an independent annual survey of people enrolled in each plan.
- With help from the *It's Your Choice* booklet, use the survey results and other information to decide which health plan is best for you and your family.

Health Plan Report Card Summary.....	page E-3
Quality of Care from the Consumer's Perspective	page E-5
Background.....	page E-6
Historical Rating Summary.....	page E-7
Overall Ratings.....	page E-8
Specific Topic Ratings.....	page E-10
Details for Selected Results.....	page E-12
Grievance and Compliance Tables	page E-19

The Department of Employee Trust Funds would like to thank all of the respondents for participating in this year's successful survey. We look forward to your continued enthusiastic support and cooperation in future member satisfaction surveys.



CAHPS™
Health Care Quality Information
From the Consumer Perspective

Health Plan Report Card Summary

Member Satisfaction with Health Plans and Medical Care

CHOOSING A HEALTH PLAN. The health plan report card section provides employees and their families with the results of the annual member satisfaction survey. Each year in the *It's Your Choice* booklet, selected survey questions and results are included for members to review. The report card is a representation of survey respondents' perceptions and opinions of health care services provided by their health plan and primary care physician during the previous year. This information is included to provide a consumer perspective for employees considering selecting or changing their health plan. Choosing a health plan is a complex and individual decision based on many considerations; such as cost, choice of primary care provider, location of services, hospital and provider network, ease of accessing services, ease of using the managed care system, and consumer satisfaction. In addition to member satisfaction survey results, the *It's Your Choice* booklet includes supplemental health plan information which may be beneficial in choosing health plan coverage. **This information is available for review in Section B (Common Questions & Answers) and in Section F (Plan Descriptions) of this booklet.**

Consumer Assessment of Health Plans (CAHPS™). The Consumer Assessment of Health Plans (CAHPS™) survey was developed collaboratively by several leading health care research organizations such as the Agency for Health Care Policy and Research, Harvard Medical School, RAND, Research Triangle Institute, and Westat. The CAHPS™ survey instrument was thoroughly tested for reliability and validity by the CAHPS™ development team. CAHPS™ is designed to:

- Focus on information that consumers want when choosing a plan and present this information in easy to understand reports;
- Cover specific plan features such as access to specialists, quality of patient-physician interaction, and coordination of care;
- Provide standardized questionnaires for assessing experiences across different populations, health care delivery systems, and geographic areas;
- Improve the utility and value of survey questions and enhance the reliability and the comparability of survey results across different plans and population groups.

We believe this format provides members with the kind of detailed information necessary when selecting a new health plan during the Dual-Choice enrollment period. We have found that consumers want to know more than just the cost of the plan or facts about the services. The opinions and experiences of people already enrolled in the plan are as important to consumers as the cost and the facts.

PARTICIPANT SURVEY. The health plan report card section represents the result of a random sample telephone survey of active health plan members conducted in the spring of 2001 by an independent marketing research firm, Opinion Dynamics Corporation (ODC). Fifty percent of those surveyed were covered by their health plan for a period of one to five years, while thirty-eight percent were covered by their health plan for five years or more.

HEALTH PLANS SURVEYED. The health plan report card section presents survey results for nineteen health plans. Several health plans are grouped because of the small number of plan participants. They are Compcare—Compcare Southeast, Compcare Northwest, and Compcare Northwoods; Humana/Emphesys—Humana/Emphesys Milwaukee, Humana/Emphesys Racine, and Humana/Emphesys Wisconsin; Network—Network Fox Valley and Network Community; Physicians Plus—Physicians Plus Southeast and Physicians Plus South-Central; and Standard Plans—Standard Plan, Standard Plan II, State Maintenance Plan, and Medicare Plus \$100,000.

OVERALL RATINGS SECTION. The "Overall Ratings Section" shows survey respondent ratings compared to the overall statewide average for selected plan attributes. The three star format lets you know which plans scored above, at, or below the statewide average for all plans. These attributes include ratings for:

- Primary care physician,
- Health plan,
- Health care
- Specialists,
- Health plan from those having three or more medical visits in a year,
- Health care from those having three or more medical visits in a year,
- Primary physician from those having three or more medical visits in a year,
- Specialist from those having three or more medical visits in a year,
- Access to emergency and urgent care services,
- Ease of reaching customer service representatives,
- The plan's ability to provide accurate and easily understood written information, and
- The plan's commitment to improving health and wellness through preventive care.

MEASURING DIFFERENCES BETWEEN SCORES. Random sampling methodologies are often used to measure the opinions of a population, like all State employees. It is typically more practical and less expensive to survey a sample rather than an entire population. However, survey results from a randomly selected sample are not 100 percent accurate. In order to identify real differences between mean scores, certain statistical tests are performed, which account for the inherent error associated with random sampling methodologies. All statistical testing performed for the health plan report card is conducted using a 95 percent confidence interval, which is generally accepted as a standard in the market research industry. Using a 95 percent confidence interval means that at least 95 out of 100 times the same results will be concluded. Throughout the health plan report card you will notice references to "statistically significant differences" or "statistical testing." When scores are noted to be different, statistical testing has indicated that if the same survey were conducted 100 times, the same conclusions would be realized at least 95 times.

ETF GRIEVANCE AND COMPLAINT SECTION. The grievance and complaint section contains two charts. The first chart represents the number of grievances each plan received in 2000, as reported to ETF. The second chart represents the number of complaints, by plan, received by ETF in 2000. Members are asked to complete the plan's grievance process before filing a complaint with ETF. **More information on filing a complaint can be found in Section B of the Question & Answer Section (see "What if I have a complaint about my health plan?").** Please note that this information is separate from the CAHPS™ consumer survey and is for informational purposes only.

Quality of Care from the Consumer's Perspective

Thinking about Quality

One way to measure quality of care is to look at the technical side.

For example, if people have surgery, do they go well? Do they recover quickly? The technical side of quality also includes looking at whether the care people receive helps them stay as healthy as possible. For example, do young children get the shots needed to prevent disease? Do people get checkups and other preventative care that catches health problems at an early stage? **The technical side of health care quality is very important, but it doesn't give you the whole picture.**

There's another way to measure quality.

It's health care quality from the patient's point of view.

That's what the survey information in this health plan report card is about.

The annual member satisfaction survey covers areas where people enrolled in the health plans are really the experts about how well their plan is working. The survey does not ask about technical issues that can be hard for patients to judge, such as the skill level of a surgeon. Instead, patients are asked about their experiences. Below are the types of questions they are asked:

- **Could they get appointments quickly when they needed them?**
- **Did their doctors explain issues in a way they could understand?**
- **Were they treated with courtesy and respect by office staff?**
- **Could they get the information they needed from the health plan?**

Answers to these and other questions are in this booklet to help you evaluate your health plan choices. **The survey results are the opinions and judgements of the people who were surveyed.** Your experience with a health plan could be different from those of the people surveyed. However, it can be helpful to know what other people's experiences have been. The survey results are only meant to help consumers make more informed choices and are not the evaluation or recommendations of the Department of Employee Trust Funds.

Some interesting facts about this survey:

- The survey was completed by an outside, independent, professional, market research firm—not by the health plans.
- The survey included enough people from each plan to make their answers representative. People answered questions about their plan only.
- The survey asked people about their experiences with their current health plan and medical care during the previous 12 months.

Background on the survey and interpreting the results

Who did the survey?

- The survey was completed by an outside, independent, professional, market research firm—not by the health plans.
- It was coordinated by the Department of Employee Trust Funds.

Who was surveyed?

- This report contains results from a survey of 5,865 members of 19 health plans.
- For each health plan, a representative group of plan members were randomly selected to participate in this study.* These people were asked to answer the survey questions based on their experiences with their health plan during the previous 12 months.

*Respondents were randomly sampled to provide a precision level of $\pm 5\%$ at a 95% confidence interval for each participating health plan.

How was the survey done?

- The telephone survey was conducted between March 5th and June 18th, 2001. Participation was voluntary and confidential.
- Of the plan members who were randomly selected to be in the survey sample and reached by telephone, 76% agreed to be interviewed.

How the stars (★★★) show health plan comparisons

The stars on pages E-8 through E-11 show the results of statistical tests between each plan's score and the overall score for all health plans. These tests tell which plans are rated **significantly** higher or lower than average.

- For the “0 to 10” scale (0 meaning “worst possible” to 10 meaning “best possible”), scores are averages.
- For the questions that asked “how often,” scores are averages on a scale from 1 (meaning “never”) to 4 (meaning “always”).
- For the “yes-no” questions, scores are percent who said “yes.”
- For the questions that asked “how much of a problem,” scores are averages on a scale from 1 (meaning “a big problem”) to 3 (meaning “not a problem”).
- All plan comparisons in this report use the $p \leq .05$ significance level. This means that there is one chance in 20 that a “better than average” or “below average” result came about just by chance or statistical variability.

Interpreting the survey results

- When you compare plan results shown in the bar graphs, you should ignore small differences in percentages because survey results have a “margin of error.” Differences between plans may result from chance alone rather than any real difference among plans.
- There were some differences from one health plan to another in the health and age of survey respondents. Since people's health and age may influence the way they answer survey questions, minor statistical adjustments were made so that these differences would not affect the plan-by-plan comparisons.

Historical Rating Summary

The questions for overall ratings used a scale from 0 to 10, where 0 means “worst possible” and 10 means “best possible.” The average scores are presented in the chart below.

See pages E-12 through E-15 for more specific information on overall ratings.

Historical Rating Summary												
Health Plan	How people rated their HEALTH PLAN			How people rated their HEALTH CARE			How people rated their PRIMARY DOCTORS			How people rated their SPECIALISTS		
Year	1999	2000	2001	1999	2000	2001	1999	2000	2001	1999	2000	2001
All Health Plans	7.91	8.02*	8.19*	8.33	8.38*	8.48*	8.56	8.56	8.59	8.32	8.42	8.46
Atrium Health Plan	7.91	8.33*	8.25	8.25	8.51*	8.52	8.36	8.52	8.67	8.26	8.34	8.22
CompCare	6.85	7.29*	7.55	8.22	8.11	8.32	8.62	8.42	8.52	8.35	8.29	8.59
Dean Health Plan	8.35	8.38	8.34	8.63	8.60	8.45	8.69	8.61	8.56	8.41	8.55	8.48
GHC-Eau Claire	8.22	8.42	8.41	8.45	8.53	8.59	8.61	8.71	8.81	8.62	8.71	8.68
GHC-South Central	8.22	8.28	8.21	8.28	8.28	8.30	8.35	8.39	8.29	8.10	8.37	8.28
Gundersen Lutheran	8.47	8.35	8.78*	8.58	8.62	8.79	8.77	8.72	8.77	8.28	8.38	8.58
Health Tradition**	7.73	8.34*	8.37	8.44	8.59	8.58	8.70	8.69	8.73	8.30	8.45	8.48
Humana/Emphesys	7.64	7.26*	7.38	8.34	8.26	8.23	8.63	8.66	8.54	8.58	8.45	8.36
Medical Associates	8.41	8.34	8.54	8.58	8.43	8.60	8.69	8.64	8.78	8.27	8.40	8.50
MercyCare Health Plan	8.09	7.94	8.37*	8.45	8.11	8.44	8.58	8.35	8.48	8.13	8.15	7.88
Network	7.83	8.05	8.09	8.10	8.36	8.25	8.32	8.38	8.19	8.30	8.62	8.49
Physicians Plus	7.73	7.99	8.30*	8.11	8.34	8.52	8.46	8.53	8.60	8.05	8.45*	8.68
Prevea Health Plan	7.15	7.41	7.57	7.93	8.01	8.23	8.23	8.41	8.37	8.17	8.30	8.47
Security Health Plan	8.44	8.56	8.71*	8.45	8.66*	8.74	8.63	8.82*	8.73	8.50	8.46	8.43
Standard Plans	7.54	7.72	7.80	8.48	8.44	8.52	8.45	8.76*	8.61	8.49	8.62	8.66
Touchpoint	7.25	7.94*	7.93	7.98	8.42*	8.36	8.53	8.50	8.53	8.58	8.42	8.29
Unity-Community	7.93	7.78	8.04	8.34	8.51	8.37	8.63	8.69	8.61	8.34	8.36	8.51
Unity-UW Health	8.00	8.08	8.14	8.35	8.19	8.45	8.69	8.51*	8.69	8.25	8.30	8.48
Valley Health Plan	8.77	8.76	8.83	8.74	8.76	8.90	8.81	8.75	8.79	8.48	8.69	8.65

*The average scores from 2000 were compared to the average scores from 1999 and the average scores from 2001 were compared to the average scores from 2000 to test for statistically significant differences. Statistically significant differences are bolded and indicated with an asterisk. This means that if the same survey were conducted 100 times, a difference would be concluded at least 95 times. See page E-4, **MEASURING DIFFERENCES BETWEEN SCORES** for more detail about “statistically significant differences.”

**Effective September 1, 2001 La Crosse Care Plus has changed their name to Health Tradition.

When scores are noted to be different, statistical testing has indicated that if the same survey were conducted 100 times, the same conclusions would be realized 95 times

Overall Ratings by People Who Were Surveyed

This chart shows results for individual survey questions that asked people to give their overall ratings of their health plan, health care and doctors.

See pages E-5 and E-6 for more about the survey and how to interpret the survey results.

- ★★★ Score for health plan on the scale from 0-10 is **better than the average** score for all plans.
- ★★ **Average** (Score for health plan on the scale from 0-10 is neither higher nor lower than the average score for all plans.)
- ★ Score for health plan on the scale from 0-10 is **below the average** score for all plans.

See E-6 for details about stars.

The questions for overall ratings used a scale from 0 to 10, where 0 means “worst possible” and 10 means “best possible.”

Overall Ratings				
Health Plan	How people rated their HEALTH PLAN	How people rated their HEALTH CARE	How people rated their PRIMARY DOCTORS	How people rated their SPECIALISTS
Average—All Health Plans	8.19	8.48	8.59	8.46
Atrium Health Plan	★★	★★	★★	★★
Compcare	★	★	★★	★★
Dean Health Plan	★★★	★★	★★	★★
GHC-Eau Claire	★★★	★★	★★★	★★
GHC-South Central	★★	★	★	★★
Gundersen Lutheran	★★★	★★★	★★★	★★
Health Tradition*	★★	★★	★★	★★
Humana/Emphesys	★	★	★★	★★
Medical Associates	★★★	★★	★★★	★★
MercyCare Health Plan	★★	★★	★★	★
Network	★★	★	★	★★
Physicians Plus	★★	★★	★★	★★★
Prevea Health Plan	★	★	★	★★
Security Health Plan	★★★	★★★	★★★	★★
Standard Plans	★	★★	★★	★★★
Touchpoint	★	★★	★★	★★
Unity-Community	★★	★★	★★	★★
Unity-UW Health	★★	★★	★★	★★
Valley Health Plan	★★★	★★★	★★★	★★

*Effective September 1, 2001 La Crosse Care Plus has changed their name to Health Tradition.

Even if you don't expect to visit the doctor very often, ratings from people who have received a lot of medical care can tell you a great deal about how well a health plan works. Their experience may be helpful when deciding which health plan might be best for you.

- ★★★ Score for health plan on the scale from 0-10 is **better than the average** score for all plans.
- ★★ **Average** (Score for health plan on the scale from 0-10 is neither higher nor lower than the average score for all plans.)
- ★ Score for health plan on the scale from 0-10 is **below the average** score for all plans.

See E-6 for details about stars.

Ratings by PEOPLE WHO HAVE HAD 3 OR MORE MEDICAL VISITS IN THE LAST 12 MONTHS

Health Plan	How people with 3 or more visits rated their HEALTH PLAN	How people with 3 or more visits rated their HEALTH CARE	How people with 3 or more visits rated their PRIMARY DOCTORS	How people with 3 or more visits rated their SPECIALISTS
Average—All Health Plans	8.21	8.49	8.65	8.47
Atrium Health Plan	★★	★★	★★	★★
Compcare	★	★★	★★	★★
Dean Health Plan	★★	★★	★★	★★
GHC-Eau Claire	★★	★★	★★	★★
GHC-South Central	★★	★	★	★★
Gundersen Lutheran	★★★	★★★★	★★	★★
Health Tradition*	★★★★	★★	★★	★★
Humana/Emphesys	★	★★	★★	★★
Medical Associates	★★★★	★★	★★★★	★★
MercyCare Health Plan	★★★★	★★	★★	★
Network	★	★	★	★★
Physicians Plus	★★	★★	★★	★★★★
Prevea Health Plan	★	★	★	★★
Security Health Plan	★★★★	★★★★	★★★★	★★
Standard Plans	★	★★	★★	★★
Touchpoint	★★	★★	★★	★★
Unity-Community	★★	★★	★★	★★
Unity-UW Health	★★	★★	★★	★★
Valley Health Plan	★★★★	★★★★	★★	★★

Instead of showing answers from everyone who was surveyed, this chart only shows the answers from people who went to the doctor's office 3 or more times in the previous 12 months.

*Effective September 1, 2001 La Crosse Care Plus has changed their name to Health Tradition.

What People Said About Specific Topics

Most of these topics combine survey results for several questions.

See pages E-5 and E-6 for more about the survey and how to interpret the survey results.

- ★★★ Score for health plan is **better than the average** score for all plans.
 - ★★ **Average** (Score for health plan is neither higher nor lower than the average score for all plans.)
 - ★ Score for health plan is **below the average** score for all plans.
- See E-6 for details about stars.

Health Plan	Getting the care you need, when you need it		Medical Care		
	Getting care that is needed	Getting care without long waits	Access to urgent and emergency care*	Preventative care through wellness and education*	Getting mental health counseling
Atrium Health Plan	★★	★★	★★	★★	★★
Compcare	★	★★	★	★	★★
Dean Health Plan	★★★	★★	★★	★★★	★★
GHC-Eau Claire	★★	★★★	★★	★★★	★★
GHC-South Central	★★	★★	★★	★★★	★★
Gundersen Lutheran	★★★	★★	★★★	★★★	★★
Health Tradition**	★★	★★	★★	★★	★★
Humana/Emphesys	★	★★	★★	★	★★
Medical Associates	★★★	★★★	★★	★★	★★
MercyCare Health Plan	★★	★★	★★	★★	★★
Network	★	★	★	★★	★★
Physicians Plus	★★	★	★★	★★★	★★
Prevea Health Plan	★	★★	★★	★	★★
Security Health Plan	★★★	★★★	★★★	★★★	★★★
Standard Plans	★★★	★★	★★	★	★★
Touchpoint	★★	★★	★★	★★	★
Unity-Community	★★	★★★	★★	★★	★★★
Unity-UW Health	★★	★	★★	★★	★★
Valley Health Plan	★★★	★★★	★★★	★★★	★★

*These composites contain questions that are additions to the CAHPS™ scripted questions.

**Effective September 1, 2001 La Crosse Care Plus has changed their name to Health Tradition.

Most of these topics combine survey results for several questions.

See pages E-5 and E-6 for more about the survey and how to interpret the survey results.

- ★★★ Score for health plan is **better than the average** score for all plans.
- ★★ **Average** (Score for health plan is neither higher nor lower than the average score for all plans.)
- ★ Score for health plan is **below the average** score for all plans.

See E-6 for details about stars.

Health Plan	Medical Office Staff	The Health Plan	Doctors
	Courtesy, respect and helpfulness of office staff	Health plan customer service	How well doctors communicate
Atrium Health Plan	★★	★★	★★
Compcare	★	★	★★
Dean Health Plan	★★	★★★	★★
GHC-Eau Claire	★★★	★★★	★★★
GHC-South Central	★★	★★	★★
Gundersen Lutheran	★★★	★★★	★★
Health Tradition*	★★	★★	★★
Humana/Emphesys	★	★	★★
Medical Associates	★★	★★★	★★
MercyCare Health Plan	★★	★★	★★
Network	★	★★	★
Physicians Plus	★★	★★	★★
Prevea Health Plan	★★	★	★★
Security Health Plan	★★★	★★★	★★★
Standard Plans	★★	★	★★
Touchpoint	★★	★★	★★
Unity-Community	★★★	★★	★★
Unity-UW Health	★	★★	★
Valley Health Plan	★★★	★★★	★★★

*Effective September 1, 2001 La Crosse Care Plus has changed their name to Health Tradition.

Graphs that show details for selected results

Overall Ratings**

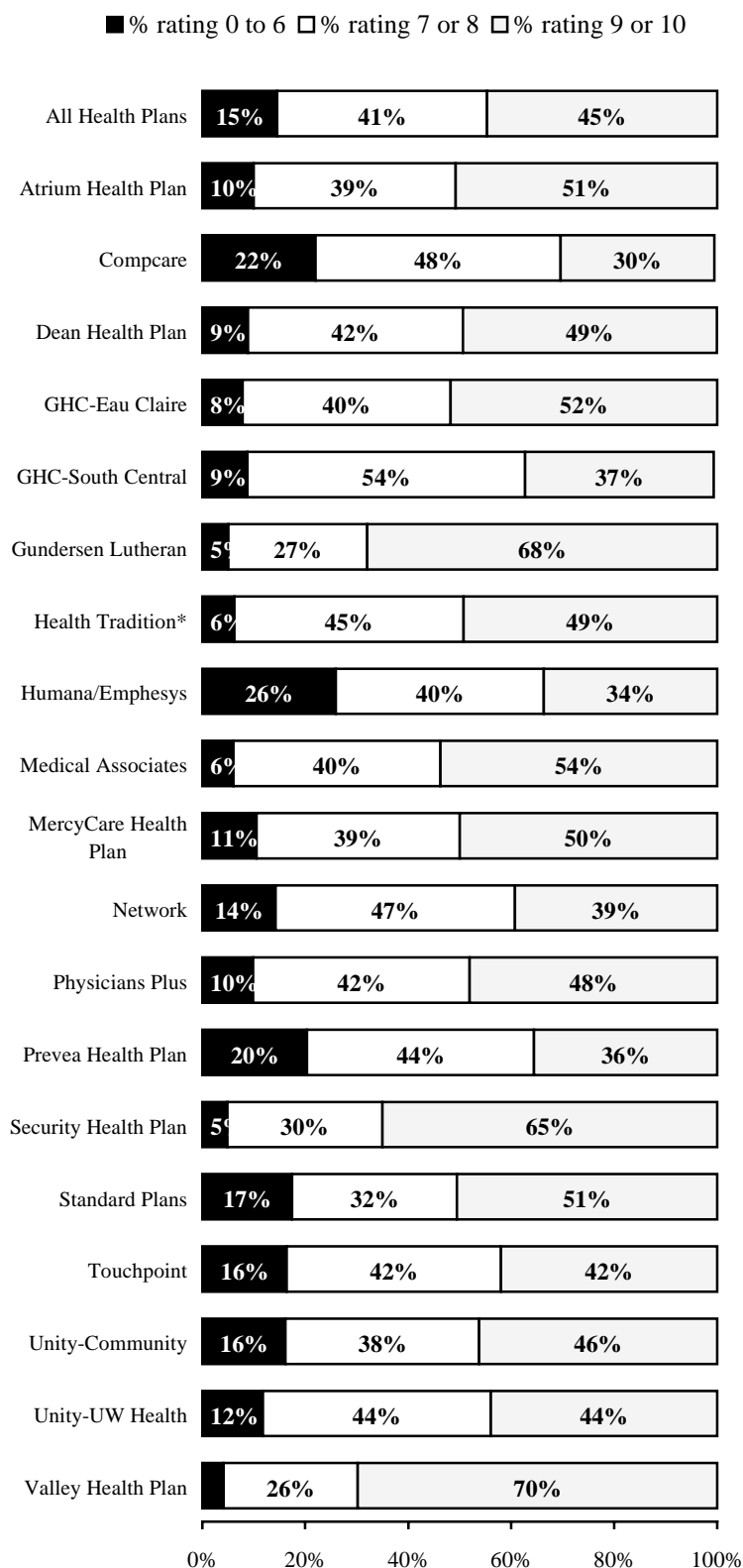
How people rated their HEALTH PLAN

This graph shows:

- The percentage of people who rated their health plan from “0 to 6,” “7 to 8,” or “9 to 10.”

Everyone who was surveyed was asked to rate their health plan on a scale from 0 to 10 with 0 meaning “worst possible” and 10 meaning “best possible.”

When you compare plans in this graph, keep in mind that “small differences” in percentages are not meaningful. See page E-6 for more on plan differences.



*Effective September 1, 2001 La Crosse Care Plus has changed their name to Health Tradition.

**Bar chart labels of less than 5% may not be visible due to limited space caused by small percentage results.

Overall Ratings**

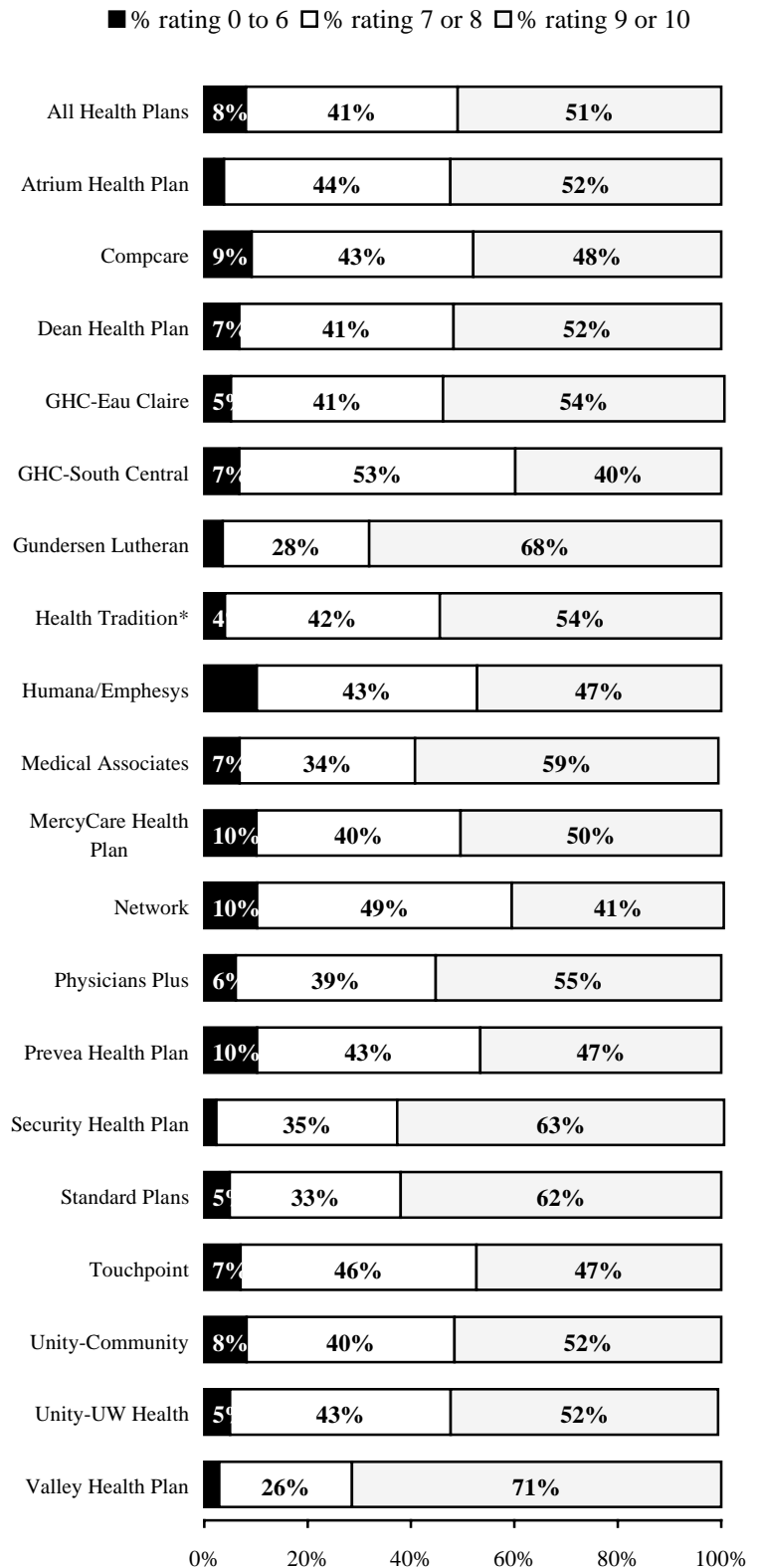
How people rated their HEALTH CARE

This graph shows:

- The percentage of people who rated their health care from “0 to 6,” “7 to 8,” or “9 to 10.”

Everyone who was surveyed was asked to rate their health care on a scale from 0 to 10 with 0 meaning “worst possible” and 10 meaning “best possible.”

When you compare plans in this graph, keep in mind that “small differences” in percentages are not meaningful. See page E-6 for more on plan differences.



*Effective September 1, 2001 La Crosse Care Plus has changed their name to Health Tradition.

**Bar chart labels of less than 5% may not be visible due to limited space caused by small percentage results.

Overall Ratings**

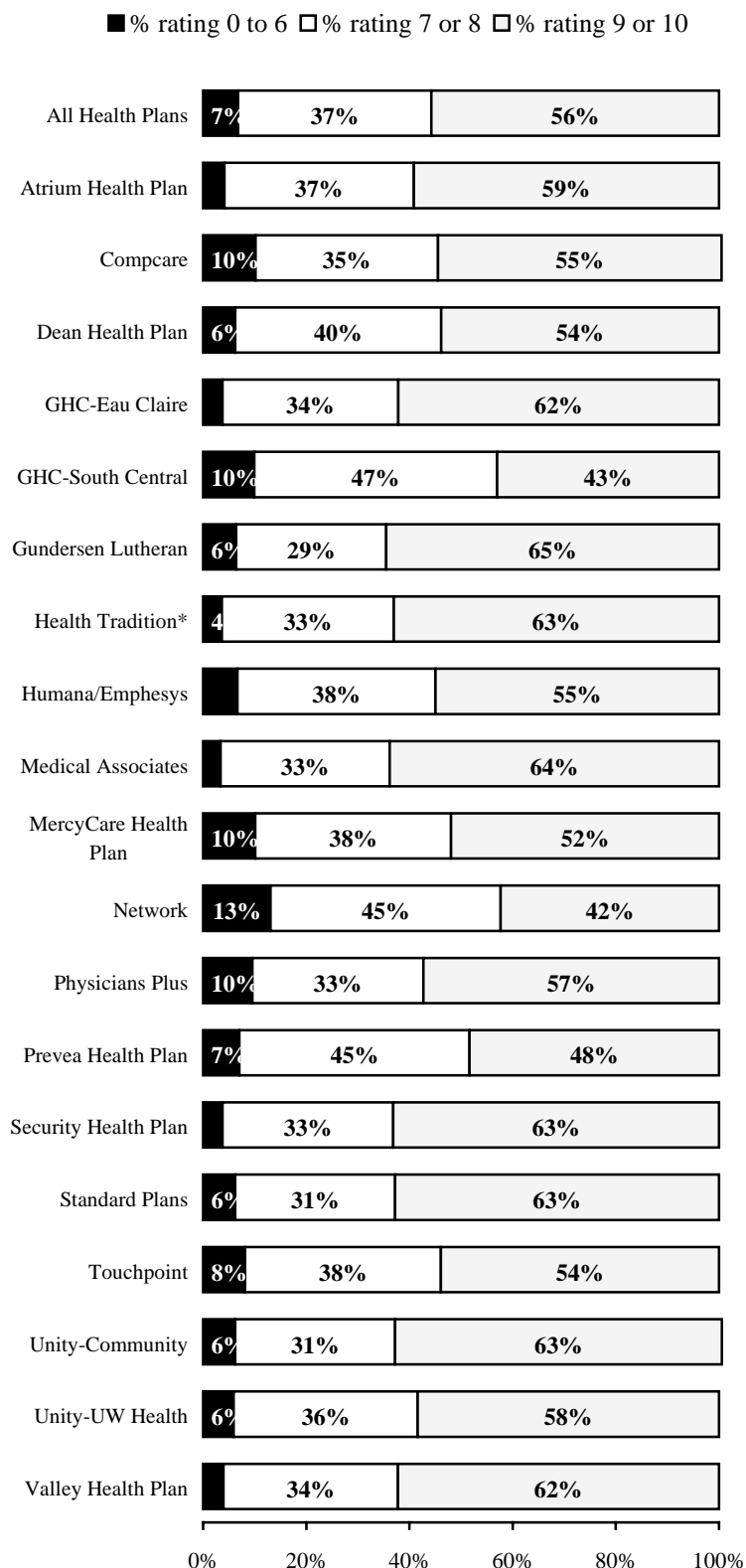
How people rated their PRIMARY DOCTORS

This graph shows:

- The percentage of people who rated their primary doctors from “0 to 6,” “7 to 8,” or “9 to 10.”

Everyone who was surveyed was asked to rate their primary doctor on a scale from 0 to 10 with 0 meaning “worst possible” and 10 meaning “best possible.”

When you compare plans in this graph, keep in mind that “small differences” in percentages are not meaningful. See page E-6 for more on plan differences.



*Effective September 1, 2001 La Crosse Care Plus has changed their name to Health Tradition.

**Bar chart labels of less than 5% may not be visible due to limited space caused by small percentage results.

Overall Ratings

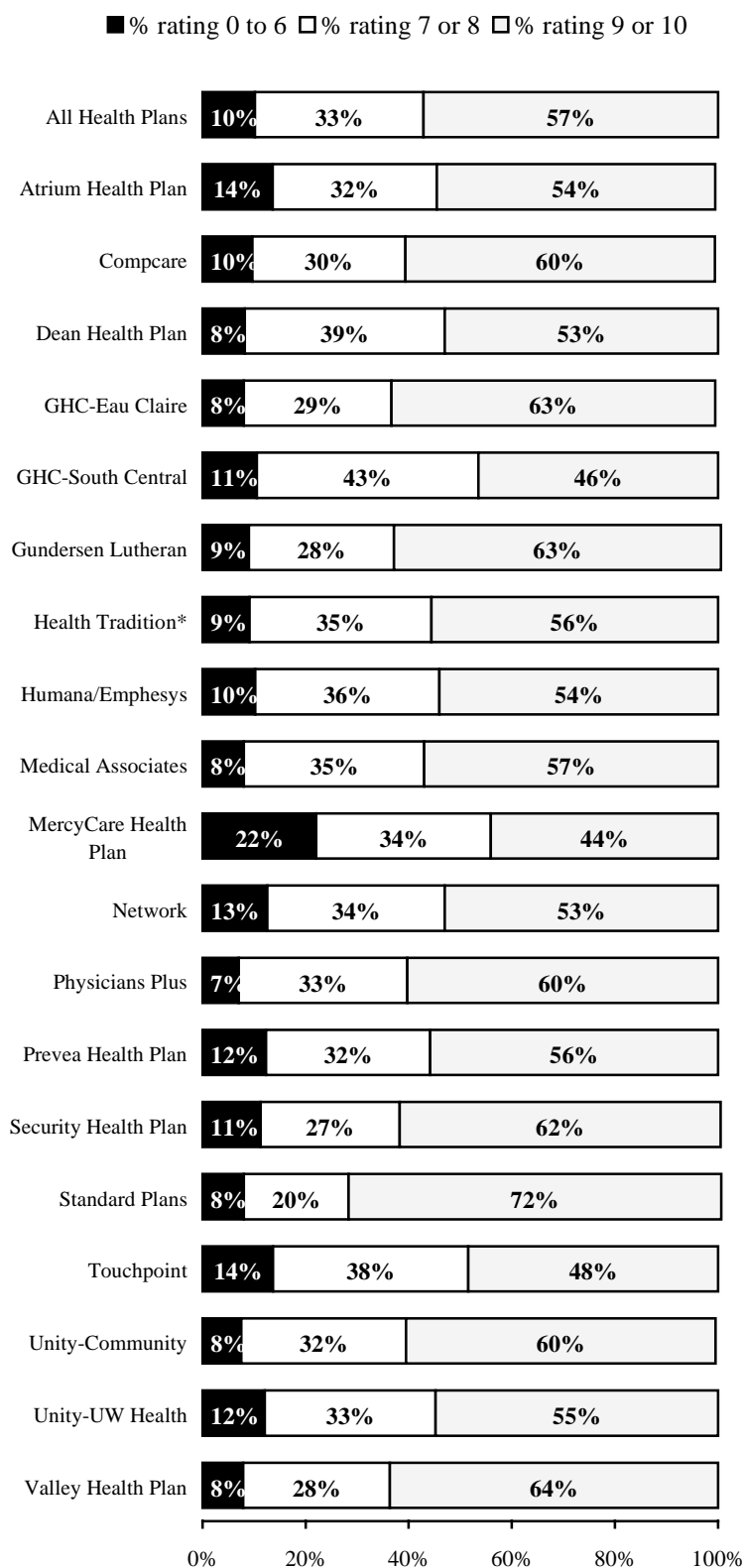
How people rated their SPECIALISTS

This graph shows:

- The percentage of people who rated their specialists from “0 to 6,” “7 to 8,” or “9 to 10.”

Everyone who was surveyed was asked to rate their specialists on a scale from 0 to 10 with 0 meaning “worst possible” and 10 meaning “best possible.”

When you compare plans in this graph, keep in mind that “small differences” in percentages are not meaningful. See page E-6 for more on plan differences.



*Effective September 1, 2001 La Crosse Care Plus has changed their name to Health Tradition.

Doctors or Nurses**

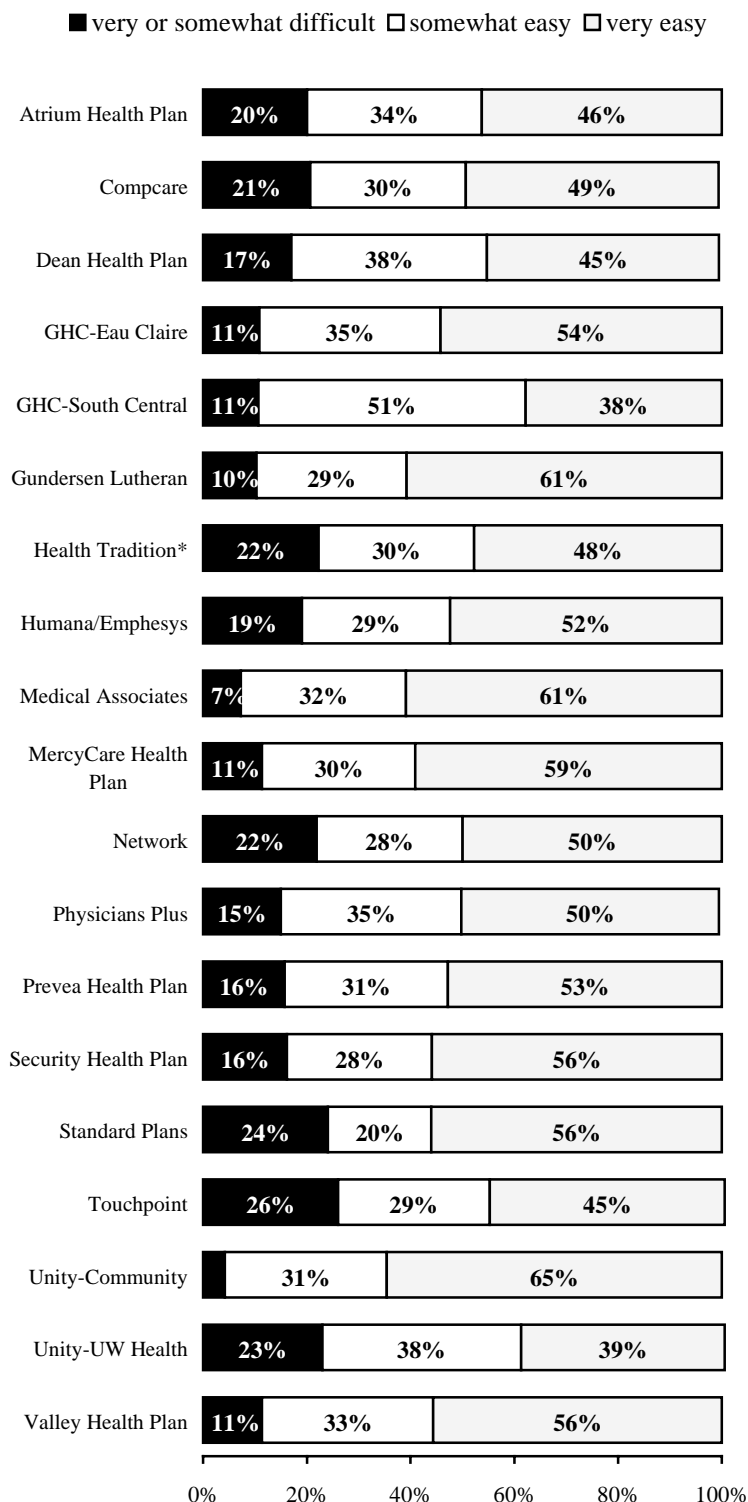
Easy to talk with a doctor or nurse by phone***

This graph shows:

- The percentage of people who said it is “**very/somewhat difficult**,” “**somewhat easy**,” or “**very easy**” to consult or talk with a physician or nurse by phone during emergency or urgent care situations.

Everyone who was surveyed was asked to rate the difficulty they had consulting or talking with a doctor or nurse on the phone regarding care during an emergency or urgent care situation.

When you compare plans in this graph, keep in mind that “small differences” in percentages are not meaningful. See page E-6 for more on plan differences.



*Effective September 1, 2001 La Crosse Care Plus has changed their name to Health Tradition.

**Bar chart labels of less than 5% may not be visible due to limited space caused by small percentage results.

***This question is an addition to the CAHPS™ scripted questions.

Prescriptions**

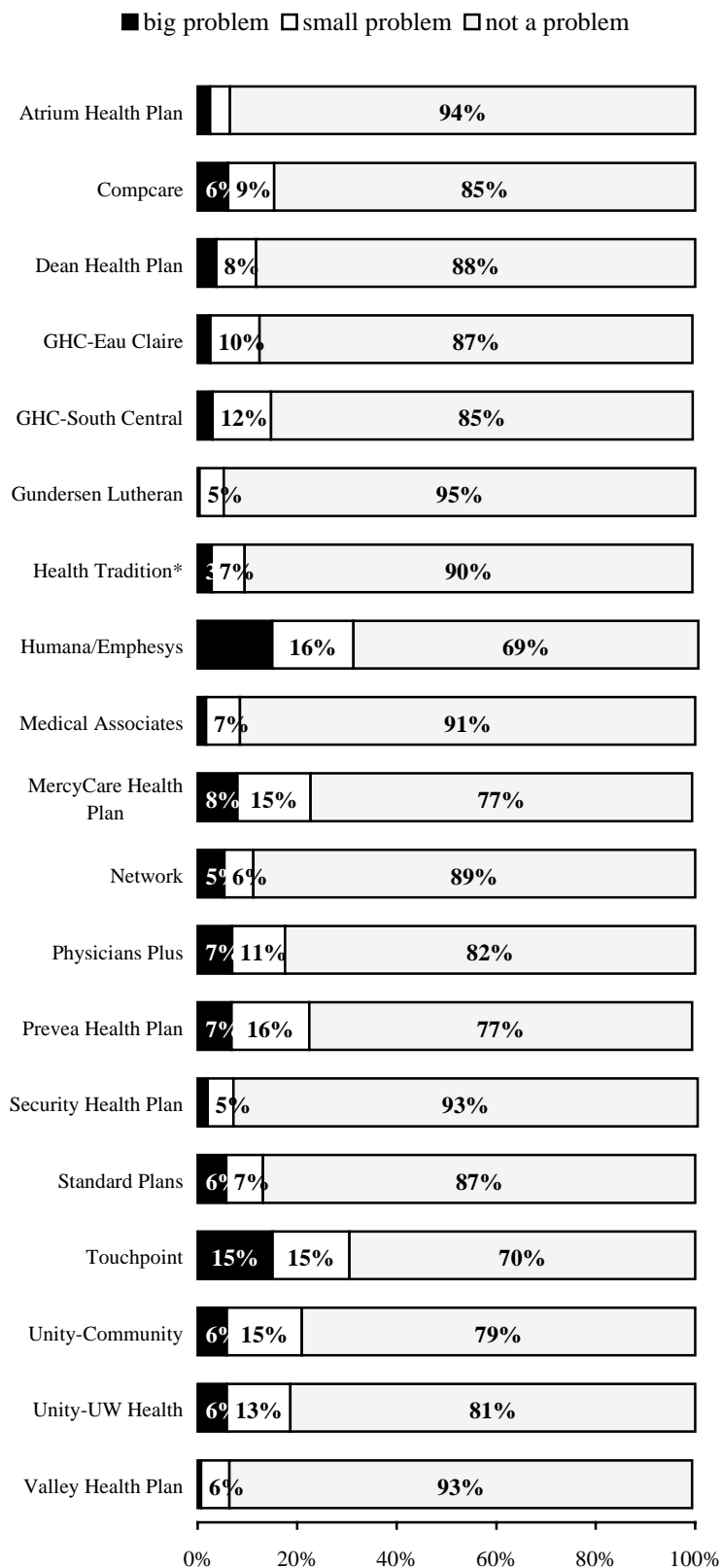
Getting prescription medicine from health plans

This graph shows:

- The percentage of people who said it was a **“big problem,”** **“small problem,”** or **“not a problem”** getting prescription medicine from their health plan.

Only people who received a new prescription medicine or refill prescription within the past 12 months were asked if it was a “big problem,” “small problem,” or “not a problem” to get prescription medicine from their health plan.

When you compare plans in this graph, keep in mind that “small differences” in percentages are not meaningful. See page E-6 for more on plan differences.



*Effective September 1, 2001 La Crosse Care Plus has changed their name to Health Tradition.

**Bar chart labels of less than 5% may not be visible due to limited space caused by small percentage results.

Grievances

Written grievances submitted

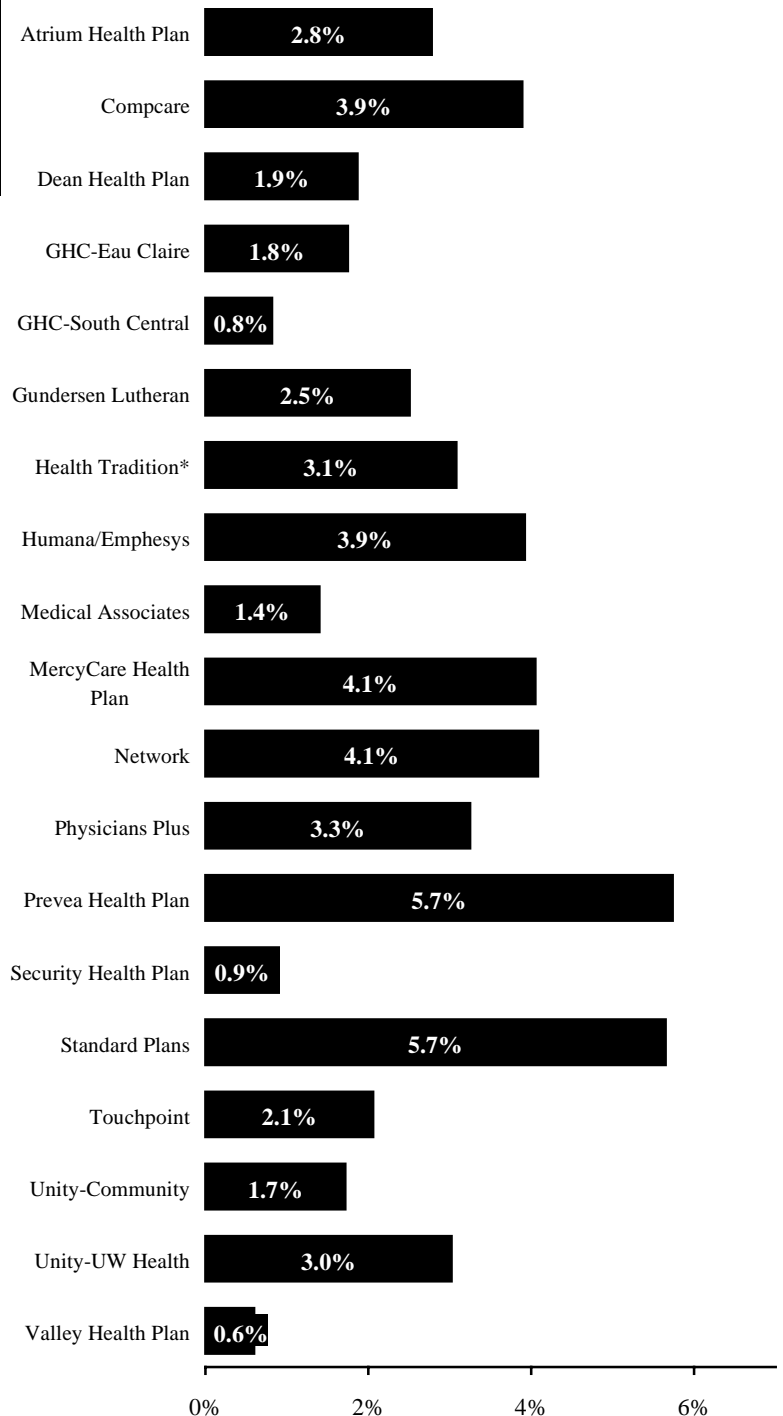
This graph shows:

- The percentage of people who said they had submitted a written grievance to their health plan within the past 12 months.

Everyone who was surveyed was asked this “yes-no” question.

When you compare plans in this graph, keep in mind that “small differences” in percentages are not meaningful. See page E-6 for more on plan differences.

Percent who said, “yes,” they had submitted a written grievance to their health plan.



*Effective September 1, 2001 La Crosse Care Plus has changed their name to Health Tradition.

Grievance and Compliance Tables

2000 STATE HEALTH PLAN GRIEVANCE REPORT (SELF REPORTED BY EACH PLAN)

Plan Name	Total	Overtured Mbr's Favor	Plan Compromise	Percent Overtured	Ave 2000 State Contracts*	Percentage of Total Membership	Percentage of Total Grievances
Atrium	8	6		75%	933	0.97%	0.79%
Compicare Southeast	73	49	3	71%	5,992	6.22%	7.21%
Compicare Northwest	4	3		75%	386	0.40%	0.40%
Compicare Northwoods	10	7		70%	834	0.87%	0.99%
Dean Health Plan	94	28	9	39%	18,490	19.19%	9.29%
Family Health Plan **	24	11	3	58%	1,823	1.89%	2.37%
GHC-Eau Claire	9	7	1	89%	1,092	1.13%	0.89%
GHC-South Central	40	11	1	30%	8,207	8.52%	3.95%
Gundersen Lutheran	31	16	4	65%	2,246	2.33%	3.06%
Health Tradition***	9	3		33%	741	0.77%	0.89%
HMP-90**	13	3	6	69%	1,061	1.10%	1.28%
Humana Eastern	71	54	4	82%	1,464	1.52%	7.02%
Humana Western	13	9		69%	1,226	1.27%	1.28%
Medical Associates	25	5		20%	597	0.62%	2.47%
MercyCare	0			N/A	280	0.29%	0.00%
Network Fox Valley	32	18		56%	3,878	4.02%	3.16%
Network Community**	29	22	1	79%	261	0.27%	2.87%
Physicians Plus South-Central	228	103	8	49%	12,141	12.60%	22.53%
Physicians Plus Southeast**	51	31	4	69%	530	0.55%	5.04%
Prevea	53	26	4	57%	1,800	1.87%	5.24%
Security Health Plan	41	18	1	46%	3,227	3.35%	4.05%
Standard Plans (all)	84	23	6	35%	13,500	14.01%	8.30%
Touchpoint	14	7	6	93%	3,352	3.48%	1.38%
Unity-Community	4	2		50%	537	0.56%	0.40%
Unity-UW	28	4	2	21%	8,099	8.40%	2.77%
Valley Health Plan	24	6	1	29%	3,679	3.82%	2.37%
Total	1012	472	64	53%	96,376		

*Includes annuitants.

**Not participating in program for 2002.

***Effective September 1, 2001 La Crosse Care Plus has changed their name to Health Tradition.

Most Common Types of Grievances Reported:

- 28.8% Unauthorized Services
- 19.9% Non-Covered Services
- 10.6% Referrals

HEALTH INSURANCE COMPLAINTS RECEIVED BY EMPLOYEE TRUST FUNDS: 2000

Plan Name	Number of Complaints	Percentage of Total Complaints
Atrium	1	0.49%
Compcare Southeast	23	11.17%
Compcare Aurora/Family	2	0.97%
Compcare Northwest	1	0.49%
Compcare Northwoods	1	0.49%
Dean Health Plan	7	3.40%
Family Health Plan*	2	0.97%
Prevea	4	1.94%
GHC Eau Claire	0	0.00%
GHC South Central	2	0.97%
Gundersen Lutheran	1	0.49%
Health Tradition**	0	0.00%
HMP 90*	17	8.25%
Humana Eastern	13	6.31%
Humana Western	3	1.46%
Managed Health Services*	2	0.97%
Medical Associates	0	0.00%
MercyCare	0	0.00%
Midwest Security*	1	0.49%
Network Health Plan	2	0.97%
Network Community*	1	0.49%
NCHPP*	3	1.46%
Physicians Plus SC	8	3.88%
Physicians Plus SE*	6	2.91%
Security Health Plan	3	1.46%
Standard Plan I	49	23.79%
Standard Plan II	36	17.48%
Standard Plan Local	8	3.88%
State Maintenance Plan	1	0.49%
Touchpoint	1	0.49%
Unity Health Plans	7	3.40%
Valley Health Plan	1	0.49%

Other Points of Interest:

- Standard Plan complaints accounted for 43% of all new complaints, decreasing from 72% in 1999.
- Active state employees registered the most complaints (59% of total complaints), with state annuitants coming in second (34% of total complaints).
- Of the 206 complaints reviewed and closed by ETF in 2000, 68% were resolved in favor of the member. This breaks down to 39% of Standard Plan complaints and 29% of alternate plan complaints.
- Of the 68% of complaints resolved in favor of the member, 16% were resolved through the health plan grievance process without direct ETF intervention.

*No longer participating in the State group health insurance program..

**Effective September 1, 2001 La Crosse Care Plus has changed their name to Health Tradition.

Most Common Types of Complaints:

- 39.3% Billing/Claim Processing
- 10.6% Excluded or Non-Covered Benefit
- 10.2% Unauthorized Services
- 9.7% Pharmacy
- 9.7% Plan Service & Administration